FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	Office use only
1. NAME OF COMMITTEE (i	(Check if name Example: If typying, type over the lines	12FE4M5
American Ma	aritime Officers Voluntary Political Action Fund	
ADDRESS (number ar	2 West Dixie Highway	
(Check if addre	ess IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
X is changed)	Dania Beach	FL 33004 - 1
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-M	AIL ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	mepstein@amo-union.org	
COMMITTEE'S WE	B PAGE ADDRESS (URL)	
(Check if addre	ess	
is changed)		
2. DATE <b>M</b>	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFIC	CATION NUMBER C C00027532	7
4. IS THIS STATE	EMENT NEW (N) OR X AMENDED (A)	
I certify that I have exa	mined this Statement and to the best of my knowledge and belief it is true, correct a	and complete
Type or Print Name o	of Treasurer Jose Leonard	
Type of Fillit Name (	inteasurer	
Signature of Treasur	er Electronically Filed by <b>Jose Leonard</b>	Date 03 / 24 / Y Y Y Y Y Y
NOTE: Submission of	false, erroneous, or incomplete information may subject the person signing this Sta	
Office	For further information	
Use Only	Federal Election Commis   Toll Free 800-424-9530   Local 202-694-1100	(Revised 02/2009)